



Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
for FY 2005☐ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 1020**Complete if Known**

Application Number	09/642,250
Filing Date	October 12, 2000
First Named Inventor	Thomas J. Quinn
Examiner Name	Lun-yi Lao
Art Unit	2629
Attorney Docket No.	GYRO04002

METHOD OF PAYMENT (check all that apply)☐ Check ☐ Credit card ☐ Money Order
Customer Number 24498☐ None ☐ Other (please identify): _____☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING INC.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below☐ Charge fee(s) indicated below, **except for the filing fee**☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☒ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)	Fee (\$)
	50	25

Each independent claim over 3 (including Reissues)

200 100

Multiple dependent claims

360 180

Total Claims**Extra Claims****Fee (\$)****Fee Paid (\$)**

_____ - 20 or HP = _____ x _____ = _____

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent Claims**Fee (\$)****Fee Paid (\$)****Independent Claims****Extra Claims****Fee (\$)****Fee Paid (\$)**

_____ - 3 or HP = _____ x _____ = _____

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	(round up to a whole number) x _____	_____	_____

4. OTHER FEE(S)

Extension For Response Within third Month

Fees Paid (\$)

1020.00

SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 260-3727
Signature					Date: 9/21/07

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

APPLICATION AS FILED									
Enter Date	Enter Number	Check Type		Check Items Mailed with Application			Express Mail Application Label No.:		
		Independent Claims		Original-US Nat'l	<input type="checkbox"/>	Declaration			
		Claims in Excess 20	<input type="checkbox"/>	Divisional	<input type="checkbox"/>	Statement under CFR § 1.56-013M			
		Claim Pages	<input type="checkbox"/>	Continuation	<input type="checkbox"/>	Assignment & Recordation Sheet			
		Specification Pgs	<input type="checkbox"/>	CPA/RCE	<input type="checkbox"/>	Preliminary Amendment			
		Sheets of Drawings	<input type="checkbox"/>	Reissue		Priority Document -			
		Abstract Pages	<input type="checkbox"/>	Re-Exam	<input type="checkbox"/>	IDS 1449 with References			
			<input type="checkbox"/>	US Provisional		Utility Application Transmittal			
		Charge	<input type="checkbox"/>						
		Mailed		AMENDMENTS					
9/21/07	6/24/07	After Rejection				Fee Transmittal Sheet in duplicate		Date Deposited: 9/21/07	FEES
		After Final Rejection				Notice of Appeals			Filing Fee Exp.
		After Allowance UIR312				Appeal Brief			Issue Fee
		Supplemental				Reply Brief			
		Voluntary				Pet. To Withdraw.		9/21/07	Ext Time\$ 1.136(a)
		Letter to Exam/Draftsperson w/Drawing Correction(s)				REQUESTS			Add. Payment of Fee
		Pg(s) of Formal Dwg(s)				Ext Time\$ 1.136(b)			Fee Trans. Form in dupl.
						Cert. of Correction		Charge	TOTAL FEE AMT. \$1020.00
		OTHER				OTHER			OTHER
		Lic. To For. File				Statement NASA			Appointment Atty/Agent
		Reg. Priority 35USC119				Terminal Disclaimer			Assignment & Record form
		Statement DOE				Claim Disclaimer			Letter to PO
		Statement under §1.56				Status Letter			Notif. of Foreign Ref.
		IDS w/ references				Declaration			Correction Of Record
		Certificate of Mailing				Suppl. Declaration			